VR A1S (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH 143 TWO OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY St.	Mary's		MARYLAND	2. USUAL RESIDENCE o. STATE	E (Where decease	d lived. If institution b. COUNTY	on: Residence be	fore admission)
b. CITY OR TOWN (If RURAL and give ne	autside corporate limits	, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orate limits, write RI	URAL and give n	earest tawn)
Leonardton			5 days	Chicago			31)	(-3)
	AL (If nat in hospital, gi	ve street		d. STREET ADDRES				e. IS RESIDENC
OK INSTITUTION	St. Mary	в Но	spital	5853 Ken	more Ave	enue		YES NO
3. NAME OF	Firs		Middle	Lost	4. DATE	Mon	th (	Day Year
(Type or print)	Mary		Loker	Abell	OF DEATH	Decemb	er 10	1960
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	14 2 3	9. AGE (In years last birthday)	IF UNDER 1 YEA	R IF UNDER 24 H
Female	White	WIDOWE	DIVORCED	March 1. 1	874	₩ 86°s.	Months Days	Hours Mir
10a. USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (	State ar foreign o	country)	12. CITIZEN	OF WHAT COUNT
House	work		Home	Mary			U.S.	A.
13. FATHER'S NAME				14. MOTHER'S MAID	DEN NAME			
Wi	lliam Alec	ek Lo	ker		Susie Co	mbs		
IS. WAS DECEASED EVER	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO. 17.1	NFORMANT		Addr	ress	
(142 no. or onanown)	in yes, give war or ourse or ser	11100)	Ве	sson deWaal	5853 Ke	nmore Ave	e. Chica	go. Ill.
	n mediate	Je per lir	Cerebril Cerebril	remonth chewy	age.	20_	IN OI	TERVAL BETWEEN NSET AND DEAT
PART II. OTH			CONTRIBUTING TO DEATH BU	Harris Street	13.14		EN IN PART 1(a)	19. WAS AUTOP PERFORMED? YES NO
OF THE OF INJURY  20c. TIME OF INJURY  Hour o.m.  p. m.		r 20d. II While at wor	Not while fo	ACE OF INJURY (Home, actory, street, office bldg		y or town)	(Caunt	y) (St
21. I certify that saw the deceas 22a. SIGNATURE	1 9	g vend	led the deceased fram.		19(E), .ta_ 	117		that (I) (we) I te stated aba 22b. DATE SIGN
22c. PHYSICIAN'S NAME (Type	Joseph E.	Gil:	M.D.	22d. ADDRESS	Leonard	ltown, Ma	ryland	/
23a. BURIAL, CREMATIO REMOVAL (Specify)	N. 23b. DATE THEREO	F	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, tawn,	or county)	(State)
Burial	12/21/60		St. Aloysius		Leon	nardtown,	Mary	rland
24. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	250.	REC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGNAT	TURE
W.Clarke Ma	ttingley L	eona	rdtown, Maryla	nd DAT	DEC 2 7 '6	0 Gai	Lug & Kin	u.A.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

	PLACE OF DEATH			A4 A BVI		2. USUAL RESID	ENCE (WI	here deceased	tived. If instituti	on: Residen	e before	admission)
	St	. Marys		MARYL	AND	M	arvl	an d	0.000,	St.	Mary	S
1	b. CITY OR TOWN (I	outside corporate limi	ts, write c	LENGTH OF STAY II	N 1b	c. CITY OR TO	OWN (IF	outside corpore	ote limits, write R	URAL ond	jive neare	est town)
	RURAL and give ne	77 7 7	2 200	-		Y "	77					
_	Rural (	HOLLYWO		. 5 yrs		H	olly	wood_				IC DECIDENCE
	OR INSTITUTION	AL (If not in hospital, g	live street ad	dress)		d. STREET AL	DDRESS				e.	IS RESIDENCE
						R	ural				-	YES NO
2 !	NAME OF	Fir		Middle				4. DATE		al.	-	V
	DECEASED					Last		OF	Mon	m	Day	Yeor
	(Type ar print)	Richard	Hot	ward A	inde	rson		DEATH	Decem	ber	15	19 60
S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	В.	DATE OF BIRTH			9. AGE (In years	IF UNDER	TYEAR II	F UNDER 24 HR
	mal a					3/	10	3000	lost birthday)	Months	Days	Hours Min.
	male	white	WIDOWED			March .	19,	1882	78 yrs.			
10a	during most of work	N (Give kind of work ing life, even if retired	done 10b. Kli	ND OF BUSINESS OR	INDUST	RY 11. BIRTHPLA	ACE (Stote	or foreign co	untry)	12.CITI	ZEN OF V	VHAT COUNTR
	Printing		US	S Govern	nent	Men	rvla	nd			TIC	4.5
13	FATHER'S NAME	OTTIO		OOACTIM	ucii c	14. MOTHER'S						120
	Tritten o prome					141 1110 111211 3						
	R	ichard An	nders	on				Edit	h Tayma	n		
		IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFO	DRMANT			Add	ress		
{Te:	s, no, or unknown) (	If yes, give wor or dates of s	ervice)		7/	T 3-	3.7	A 7	7.	77		303
_			-		Mr	s. Ida	IVI.	Ander	son - h	olly		
	1B. CAUSE OF DEA	TH [Enter anly one co	use per line	for (9), (b), and (c).								VAL BETWEEN T AND DEATH
	PART I. DEA	TH WAS CAUSED BY:	. ( )	11/100 (1	1 -4 -	T					12	Man
	121	IMMEDIATE CAUSE (		7000							17	
	. 001 4	5 DUE TO	1	N							1	1 -
	Conditions, if ar	ny, which ) (b	un	orenna	Λ		,	83			16	m
	gove rise to in	nmediote (	(.)		1 //	1	1 .	my	Anyse.	ma		
	cause (a), stating	the under-	Yau	monen	M	usul/	lean	B	no let	Tu	1	· cyp.
_	lying couse lost.	) (c	)			//	1000	7 1/	PVVCIC			
O	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	[1(a) 19.	PERFORMED?
AT	Red District											YES NO
FIG	20a. ACCIDENT WA	S LINDERLYING D	20h DESCRI	BE HOW INJURY OC	CHIPPED	/Enter noture of	iniury in	Port Lor Port	II of item IR)			
ERT	LOR CONTRIBUTING	CAUSE OF DEATH	200. DESCRI	DE HOW HOOK! OC	CORRED.	Triner holdre of	,,,jo.,,					
Ü	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
S	20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d. INJI	JRY OCCURRED 2		E OF INJURY (F			ar tawn)	((	County)	(Sto
MEDI	Hour a.m.	19	While	Not while	tacta	ry, street, affice	bldg., etc	:-)				
2	p. m.		ot work [	ot work			. 7		18. 1	,		
	21. I certify tho	t (I) (this hospiter	) ottended	the deceased f	rom a	spirst	12	60 to X	er 15	196	o tha	t (1) (we) la
	saw the deceas	ad aliva and De	= N 4	1960, and 1	that da	-14	1.00	AA from	ha aauaaa			
	220. SGNATURE	ed ollive oll 7	-	17_G, and 1	mar de	dill occurred	1013261	., 110111	ille couses di	G OII IIIR	dule s	22b. DATE
	220. GIVATURE	NT N	1			ATTENDING	3 AA	ED.	STAFF			SIGNI
	Levan	of IV	10 20	mo	M.	D. PHYS.		RECTOR -	STAFF PHYS.	1	2/15	/60
	22c. PHYSICIAN'S			ALC: NO PERSONAL PROPERTY AND ADDRESS OF THE PER		22d. ADDRE	SS					
	NAME (Type)	David L.	Mossi	man			Mech	anics	ville,	Md.		
230	BURIAL, CREMATIO	N, 23b. DATE THEREC	)F	23c. NAME OF CEME	TERY OR	CREMATORY		23d. LOCAT	ION (City, town,	or county)		(Stote)
	REMOVAL (Specify)	12/19	160	Cedar H	Hill	Cemet	prv	Su	itland.	Md.		
24				ADDRECC	-		-	D BY REGISTI		STRAR'S SIG	SNATURE	
44.		S SIGNATURE 275	0 10	317. Pen		7A6 • 4	• 11h • C			J. KAK J JI	. WITOKL	
	James T.	Ryan, In	nc.	Washingt	on.	D.C.	DATE	DEC 1 9 '	60	13.00	2 4	

DESCRIPTION OF THE PROPERTY OF 

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEAD

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN

CERTIFICATE OF DEATH 14366

1. PLACE OF DEATH			A TO COLLEGE	2. USUAL RE	SIDENCE (V	Where decease	ed lived. If institut	ion: Resident	ce be	U.S.	
	St. Mary's		MARYLANI				b. COUNT				•
B. CITY OR TOWN (I RURAL ond give no Leonard to		ts, write	c. LENGTH OF STAY IN 1		r town (III	-	orate limits, write rdtown	RURAL and g	ive n	earest fown	)
	AL (If not in hospital, gi		ddress)	d. STREET	ADDRESS					e. IS RESI ON A YES	FARN
3. NAME OF		-		11-4		4 0495					
DECEASED (Type or print)	Mary		Middle Louise	Bow		4. DATE OF DEATH	Decemb		12,	1	196
S. SEX Female	6. COLOR OR RACE	7. MARRI WIDOWEI	ED NEVER MARRIED DIVORCED			75 8# XXX	9. AGE (In years lost birthday)	Months Months	Days	R IF UNDE Hours	R 24 I
			CIND OF BUSINESS OR IN						7 E N C	OF WHAT C	OHN
during mast of work	sing life, even if retired)  wife		Home	DOSIKI II. BIKIP	TRACE (SIG	Maryl				A.	OUN
13. FATHER'S NAME				14. MOTHE							
	AGeorge	Henry	Abell	M	aria	Jane G	oldsborou	igh			
15. WAS DECEASED EVE	R IN U. S. ARMED FORG	CES? 16. S	OCIAL SECURITY NO. 17	, INFORMANT			Ade	dress			
No No	In yes, give wer or dates of se	. The		Donald Al	bell	Leons	rdtown,	Maryla	md		
18. CAUSE OF DEA	TH [Enter only one car	use per line	e far (o), (b), and (c).]						IN	TERVAL BET	TWEE
	TH WAS CAUSED BY:		(0)	- ac	ate				10	ISET AND	DEAT
1124	IMMEDIATE CAUSE (a)	)	Coronae Irmi Ead		~				-		
107	DUE TO	RI	2000 600	D.							
Conditions, if o		Ca	come early	iac als	use	•			-		
cause (o), stating											
lying couse lost.	) (c)										
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH I	BUT NOT RELATED	TO THE TER	MINAL DISEA	SE CONDITION G	IVEN IN PART	T 1(a)	19. WAS A PERFO	RMED
20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUI	RRED. (Enter nature	e of injury i	in Part I or Po	ort II of item 18.)				
NO 20c. TIME OF INJUR	Y Manth, Day, Yea	20d. IN	JURY OCCURRED 20e.	PLACE OF INJUR			ty or town)	(0	ounty	')	(51
Y 20c. TIME OF INJUR Hour o. m.	19	While	Not while at work	factory, street, of	fice bldg., e	etc.)					
		_				p= -4	4 12 6	- /	-		
21. 1 certify the	et (1) (this hospitolised alive on	) attende	ed the deceased from								
220 SIGNATURE	n 1-	neve		M.D. PHYS.	ING _	MED.	STAFF		0	226	b, DAT SIGI
22c. PHYSICIAN'S NAME (Type)	Charles	Green	nwell M. D.	22d. ADI	DRESS		, Maryla	nd			
23a. BURIAL, CREMATIC REMOVAL (Specify) BURIAL		F	St. Aloys:				ation (City, town, nardtown,		ry	land	e)
24. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		25g. PF	C'D BY REGIS	STRAR 25b RFG	ISTRAR'S SIC	SNAT	URE	
are the second		1.	ardtown. Mar	- Parad		DEC 1 9 '		Mun 8			

. . . 4 44 15 是一种"大块"的"大块"。 1988年11月1日 - 1988年11月1日 - 1988年11月1日 - 1988年11月1日 - 1988年11日 - 1988年11日 - 1988年11日 - 1988年11日 - 1988年11日 - 198 in This of that is not appeared to the floor that as London the strength to the best of the strength of th the first terms to the second of the second

MALE   C.   WIDOWED   DIVORCED   12/24/1921   39 yrs.	a. IS RESIDENCE ON A FARM? YES NO DAY YES NO
b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give neerat lown)  Tural Hollywood  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Hollywood  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Hollywood  4. DATE OF DEATH	a. IS RESIDENCE ON A FARM? YES NO Day Yes 19 60 EAR IF UNDER 24 HRS. Bys Hours Min. EN OF WHAT COUNTRY?
TURAL HOLLYWOOD  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  HOLLYWOOD  3. NAME OF DECRASED (Type or print)  GEORGE WASHINGTON COATES  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12/24/1921  100. USUAL OCCUPATION (Give kind of work done during most of working lile, even if relired)  Labor  10. SUSUAL OCCUPATION (Give kind of work done during most of working lile, even if relired)  Labor  13. FATHER'S NAME  GEORGE Coates  14. MOTHER'S MAIDEN NAME  UNKNOWN  15. WAS DECEASED EVER IN U.S. ARMED FORES;  (Yes, no, or unknown) (Ilysesgivwaerordelseofservice)  Yes  1942-1946  143 16 7134  Bellah Coates - Lusby, Marsive Destruction of Body by Burning  16. CAUSE OF DEATH (Enter only one ceuse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate causa (a), stafing the underlying cause last.  (c)	ON A FARM? YES NO DAY YES NO DAY 19 60  EAR IF UNDER 24 HRS. BYS HOURS Min. EN OF WHAT COUNTRY?  SA  PLY LAN d INTERVAL BETWEEN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Hollywood  3. NAME OF DECASED (Type or print)  GEORGE WASHINGTON COATES  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12/24/1921  10e. USUAL OCCUPATION (Give kind of work done during most of working lile, evan if retired)  Labor  10. WIDOWED 10. KIND OF BUSINESS OR INDUSTRY (In. BIRTHPLACE (Steta or foreign country))  Labor  11. Maryland  12. CITIZ Maryland  13. FATHER'S NAME  GEORGE Coates  Unknown  14. MOTHER'S MAIDEN NAME  Unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES; 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Illyssignwaror delectoriservice) (Yes, no, or unknown) (Illyssignwaror delectoriservice)  18. CAUSE OF DEATH (Enter only one couse par line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: MASSIVE Destruction of Body by Burning  OUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	ON A FARM? YES NO DAY YES NO DAY 19 60  EAR IF UNDER 24 HRS. BYS HOURS Min. EN OF WHAT COUNTRY?  SA  PLY LAN d INTERVAL BETWEEN
3. NAME OF DECEASED (Type or print) GEORGE WASHINGTON COATES  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12/24/1921  10e. USUAL OCCUPATION (Give kind of work done during most of working lile, evan if retired)  10e. USUAL OCCUPATION (Give kind of work done during most of working lile, evan if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ilyesgivawaror delectofservice)  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CRUSE OF DEATH (Enter only one ceuse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  18. CRUSE OF DEATH (Enter only one ceuse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  18. CRUSE OF DEATH (Enter only one ceuse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  18. CRUSE OF DEATH (Enter only one ceuse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  18. CRUSE OF DEATH (Enter only one ceuse par line for (a), (b), and (c).]  DUE TO  Conditions, if any, which gave rise to immadiate cause (a), stating the underlying ceuse last.  (b)  DUE TO  (c)	YES NO DAY Yaor  19 60  EAR IF UNDER 24 HRS. BYS HOURS MIN. EN OF WHAT COUNTRY?  SA  PLY LAN d INTERVAL BETWEEN
S. SEX   G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years is brinday)   100. USUAL OCCUPATION (Give kind of work done during most of working lile, even if relired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stele or foreign country)   12. CITIZ   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH (Enter only one ceuse par line for (a), (b), and (c).]   18. CAUSE OF DEATH (Enter only one ceuse par line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   Massive Destruction of Body by Burning   10b. Kind of Business of Burning   17. Information of Body by Burning   18. Cause of Death (Enter only one ceuse par line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   Massive Destruction of Body by Burning   18. Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.   Cc)   Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.   Cc)   Conditions of Body by Burning   Cc)   Conditions of Body by Burning   Couse last.   Cc)   Conditions of Body by Burning   Cc)   Conditions of Body by Burning   Cc)   Conditions of Body by Burning   Cc)   Cc)   Conditions of Body by Burning   Cc)	19 60  EAR IF UNDER 24 HRS.  BYS HOURS MIN.  EN OF WHAT COUNTRY?  A PRYLAN A INTERVAL BETWEEN
Male  C. WIDOWED DIVORCED 12/24/1921  100. USUAL OCCUPATION (Give kind of work done during most of working lile, evan if relired)  Labor  Farm  Maryland  13. FATHER'S NAME  George Coates  Unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown)  Was perfectly and the coates of services of the coates of the	EAR IF UNDER 24 HRS. Bys Hours Min. EN OF WHAT COUNTRY?  A PROPERTY LAND
Male C. WIDOWED DIVORCED 12/24/1921 39 yrs. Months D. 100. USUAL OCCUPATION (Give kind of work done during most of working lile, evan if relired)  Labor Farm Maryland  13. FATHER'S NAME  George Coates  Unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Illysegivawaror dates of service)  Yes 1942-1946  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Yes 1942-1946  Address Detath (Enter only one ceuse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Massive Destruction of Body by Burning  OCCONDITION OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stela or foreign country) 12. CITIZ  UNCOUNTRY  14. MOTHER'S MAIDEN NAME  15. CAUSE OF DEATH (Enter only one ceuse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ODUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest.  OCCONDITION OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stela or foreign country) 12. CITIZ  15. WAS DECEASED FOR INDUSTRY 11. BIRTHPLACE (Stela or foreign country) 12. CITIZ  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Unknown  Address  Unknown  Address  ON 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  WEST 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest.  OUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest.	Hours Min. EN OF WHAT COUNTRY?  A  Pryland I INTERVAL BETWEEN
10e. USUAL OCCUPATION (Giva kind of work done during most of working lila, evan if relired)  Labor  Farm  Maryland  USUAL OCCUPATION (Giva kind of work done during most of working lila, evan if relired)  Labor  Farm  Maryland  USUAL OCCUPATION (Giva kind of work done during most of working lila, evan if relired)  Labor  Farm  Maryland  USUAL MOTHER'S MAIDEN NAME  Unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Hyasgiva waror dates of service)  Yes  1942-1946  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yas, no, or unkown) (Hyasgiva waror dates of service)  Yes  1942-1946  18. CAUSE OF DEATH (Enter only one ceuse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Massive Destruction of Body by Burning  OLE TO  Conditions, if any, which gave rise to immadiata causa (a), stating the underlying causa last.  (c)	SA  aryland I INTERVAL BETWEEN
done during most of working lila, evan if relired)  Labor  13. FATHER'S NAME  George Coates  Unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (Ilyssgivawarordelesofservica)  Yes  1942-1946  143 16 7134  Beillah Coates - Lusby, Mandellah Coates - Lusby,	SA  aryland I INTERVAL BETWEEN
George Coates  Unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (Ilyasgivawarordatesofservica) Yes 1942–1946  18. CAUSE OF DEATH (Enter only one couse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ODUE TO  Conditions, if any, which gave rise to immadiata causa (a), stating the underlying couse last.  14. MOTHER'S MAIDEN NAME  Unknown  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address  143 16 7134  Beltlah Coates – Lusby, Massive Destruction of Body by Burning  ODUE TO  Conditions, if any, which gave rise to immadiata causa (a), stating the underlying couse last.  (c)	eryland
George Coates  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Nysegiva war or dates of service)  Yes 1942-1946  16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no, or unknown) (Nysegiva war or dates of service)  Yes 1942-1946  16. SOCIAL SECURITY NO. 17. INFORMANT Address  (B. CAUSE OF DEATH (Enter only one ceuse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OUE TO  Conditions, if any, which gave rise to immadiate cause (a), stating the underlying cause lest.  (c)	INTERVAL BETWEEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ilyasgivewarordelesofservice)  Yes 1942-1946  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Yes 1942-1946  Bellah Coates - Lusby, Massive Destruction of Body by Burning  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Massive Destruction of Body by Burning  Out to Conditions, if any, which gave rise to immadiata causa (a), stating the underlying cause lest.  Out to (c)	INTERVAL BETWEEN
Yes 1942-1946 143 16 7134 Bellah Coates - Lusby, Ma  18. CAUSE OF DEATH (Enter only one couse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Destruction of Body by Burning  9/6, O DUE TO  Conditions, if any, which gave rise to immadiata causa (a), stating the underlying couse last.  (b)  DUE TO  (c)	INTERVAL BETWEEN
18. CAUSE OF DEATH (Enter only one ceuse par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  (c)	INTERVAL BETWEEN
IMMEDIATE CAUSE (a) Plassive Destruction of Body by Burning  9/6, O DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  (c)	ONSET AND DEATH
Conditions, if any, which gave rise to immadiate cause (a), stating the underlying cause last.  (b)  DUE TO  (c)	State and
gave rise to immadiata causa (a), stating the underlying causa last.  (c)	
(a), stating the underlying DUE TO causa last. (c)	
9 6	ALL 10 WAS ALITORSY
	PERFORMED?
20e. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part II of Itam 18.)	YES X NO
PRIMARY or CONTRIBUTING Fire in home	
	y) (State)
20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) Hollywood St. Ma	rys Md.
21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry ,	and in my opinion
death resulted from: Natural causes , Acoident, Suicide , Homicide , Undetermined manner X	
CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE Challes Letty M.D. ASSISTANT MEDICAL EXAMINER TO	DATE SIGNED
EXAMINER'S DEPUTY MEDICAL EXAMINER	12/27/60
NAME (Type) Charles S. Petty, M.D. Address (Street, city, town, or county)  22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country)	(Stata)
REMOVAL (Specify)	
Buriel 12/29/60 St. Johns Cemetery Hollywood, Md. 23. punjekal pikictory Address 1246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	
P.B. Robinson - Leonardtown, Md. PANEC 30'60 author & Ho	

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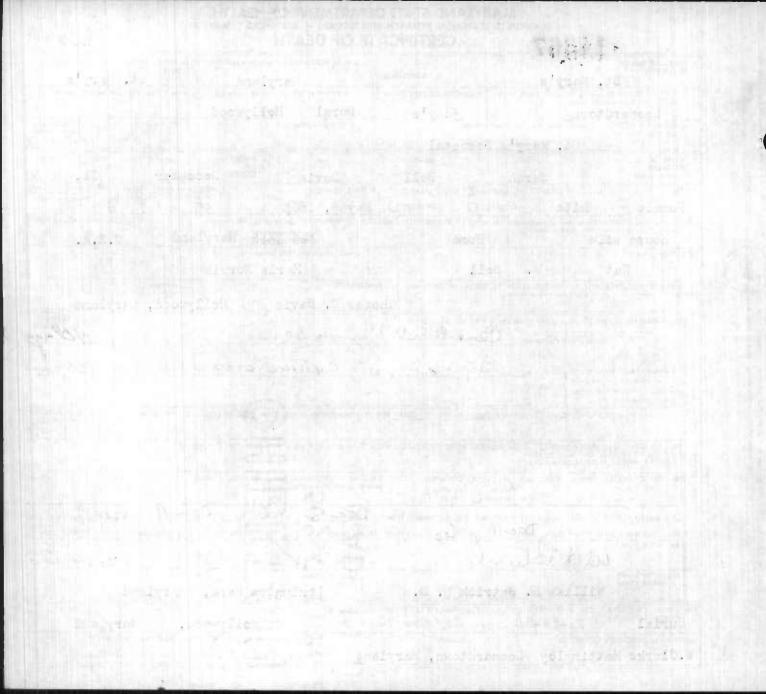
TO HOSPITAL may be ret TO FUNERAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14367

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Re- a. STATE b. COUNTY	
St. Mary's  b. CITY OR TOWN (If autside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL	t. Mary's
RURAL and give nearest town)		V _	one give moutest rawing
Leonardtown	3day's	Rural Hollywood	
d. NAME OF HOSPITAL (If not in haspital, giv OR INSTITUTION	e street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
St. Mary	s Hospital		YES NO
3. NAME OF First DECEASED	Middle	Last 4. DATE Manth	Day Year
(Type or print) Sara	h Bell	Davis December	11, 19 60
S. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED		DER 1 YEAR IF UNDER 24 HRS
Female White	WIDOWED DIVORCED	May 5, 1865   lost birthday)   Man 7	ths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark da	ine 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) House wife	Home	XXXXXXXX Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.0.2.
Nat W.	Bell	Maria Norris	
1S, WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown)   (If yes, give war or dates of serv		NFORMANT Address	
(ii) yas, give was or dottes or serv		omas W. Davis Hollywood,	Marvland
18. CAUSE OF DEATH [Enter only one caus			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Corchal	Janon Etris	ONSET AND DEATH
333 IMMEDIATE CAUSE (a)	0000		1
DUE TO	£10 Da-	1 a stance Onnersia	10000
Canditions, if any, which agave rise to immediate (b)_	Article Strain	a office masses	100000
cause (a), stating the under. DUE TO			
lying cause lost. ) (c)_			
PART II. OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
<u>Z</u>	The state of the s		YES NO
PART II. OTHER SIGNIFICANT CONDI	0b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture af injury in Part I ar Part II af item 18.)	
3 20c. TIME OF INJURY Manth, Day, Year		LACE OF INJURY (Hame, form, 20f. (City or town)	(County) (State
20c. TIME OF INJURY Manth, Doy, Year Hour a. m. p. m.	While Nat while of wark of	actory, street, affice bldg., etc.)	
		Dog 0 1 Dog 11	/- :
21. 1 certify that (1) (this haspital)			19.00 that (1) (we) las
	ell 19(ep, and that	death accurred atM, fram the causes and an	
220. SIGNATURE		ATTENDING MED. STAFF	22b. DATE
W. Tal	well	M.D. PHYS. DIRECTOR PHYS.	12-14-60
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
William H.	Batrick M. D.	Lexington Park, Maryla	nd
230. BURIAL, CREMATION. 236. DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or cou	nty) (State)
Burial 12-14-60	Joy Chapel		Maryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
W. Clarke Mattingley I	eonerdtown Maryl		47 S. Thomas
"TO ZEE TO SEE TO ZEE TO Y	Journal a contra Plat y 1	CLIA DATE DESCRIPTION	, , , , , , , , , , , , , , , , , , ,



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	14	2362		CERTIF	FICAT	E OF DEAT	H				14	34	1
1. PLACE (	YTY	Mary's		MARY	YLAND	2. USUAL RESIDENCE o. STATE	(Where dece		If institution. COUNTY		Mai	-	ion)
RURA		utside corporate limi est town)	its, write	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside co			URAL ond	give ne	arest town	1)
d. NAM OR II	NOITUTION	(If not in hospitol, g				d. STREET ADDRES		в					FARM?
3. NAME 6 DECEAS (Type or	OF ED	Oscar	rst	Middle William		Gough	4. DA OF DE		Mon lecemb		5	,	Yeor 19 60
s. sex	Le	. color or race White	WIDOWE		D	Date of Birth	05	9. AG	E (In years birthdoy) yrs.	Months	Days	Hours	ER 24 HRS Min.
Dispo	most of working	life, even if retired	)	S. Public We		Ma	ryland			12. CI	U.S		COUNTRY
13. FATHER	Jo	seph		ough		Robert		en.				D	
1S. WAS D (Yes, no, or u		N U. S. ARMED FOR les, give wor or dates of s	service)	social security NO 13-10-9795		ormant is W. Goug	h 40	oral	Place			on Pe	ark,
gove	ditions, if ony, rise to imm (o), stoting the couse lost.	nediote (	0	ascin.	on	woof	The	rif	hl	lu	uy	2 •	
CERTIFICATION OD SOC CO STILL	CCIDENT WAS			ONTRIBUTING TO DE						EN IN PA	ART 1(o)	PERFC	AUTOPSY ORMED?
₹ 20c. TI	HER, NOTIFY ME	Month, Doy, Ye	ar 20d. In While of worl	Not while	20e. PLAC focto	CE OF INJURY (Home, rry, street, office bldg.	form, 20f.	(City or to	wn)		(County)		(Stote
saw	certify that ( the deceased		l) attend	ed the deceased	/ /	ath accurred alf	19 (1). 4 M, fr		cluu causes ar	De 19		e stated	b. DATE
22c. PI N	WISICIAN'S AME (Type)	A. SAI	1AD	1	М.	D. ATTENDING PHYS.  22d. ADDRESS	MED. DIRECTOR	o sti	YS. D	m	M	d -	SIGNED
23a. BURIA REMO Bur	L, CREMATION, VAL (Specify)	12/8/60	OF .	23c. NAME OF CEM St. And				onard	City, town,	or county		(Stol	
	rke Mat		Leona	ADDRESS rdtown. Ma	rylan		DEC 9	GISTRAR '60	2Sb. REGI	STRAR'S	13 60		

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VR A1S (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14360

1. PLACE OF DEATH a. COUNTY	t. Marv's		MARYLAND	2. USUAL RESI		ere deceased live	b. COUNTY		Marv!	
b. CITY OR TOWN (If RURAL and give nea	outside corporate limi	its, write	c. LENGTH OF STAY IN 16	X-		itside corporate l				
Leonardt			7 hrs	Rura.	l Ta	11 Timbe	rs			
d. NAME OF HOSPITA OR INSTITUTION	L (If nat in hospital, g	give street or	ddress)	d. STREET A	DDRESS				e. IS	RESIDENCE N A FARM?
	St.	Mary!	s Hospital							ON D
3. NAME OF DECEASED	Fir	rst	Middle	Los	st	4. DATE	Mant	th	Day	Year
(Type or print)	John	1	Perce	Hess		OF DEATH	Decer		15.	19 60
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRT	н	9. At	GE (In years st birthdoy)	-		NDER 24 HRS.
Male	White	WIDOWED	DIVORCED [	March 2	, 1880	8	30 yrs.	Manths	Days Hau	ırs Min.
10a. USUAL OCCUPATION	N (Give kind af warking life, even if retired	dane 10b. K	IND OF BUSINESS OR IND				)	12. CITIZ	EN OF WHA	AT COUNTRY?
Poultry		,		Wa	ahinat	on, D.C.		71	S.A.	
13. FATHER'S NAME	VIIII III			14. MOTHER'S	MAIDEN N	AME		- U	D.A.A.	
		T 11			24					
15. WAS DECEASED EVER	Augusta			INFORMANT	Mary	Ann Fit	Zgeral	d		
	yes, give war or dates of s								ISSET.	
No			В	arbara M.	. Hess	Tall 7	imbers	Mar.	yland	
PART I. DEAT	H WAS CAUSED BY:	C	for (a), (b), and (c).]	chile	Mon	(rec	un	1		D DEATH
Conditions, if an	DUE TO	( de	~~	00	1:0				B+ 11.	
gove rise to im	mediate	)	inay A	curo	acco .				17	
cause (a), stating th		)								
lying cause lost.	) (0	:)	<u> </u>							
PART II. OTHE	R SIGNIFICANT CON	IDITIONS CO	DATRIBUTING TO DEATH BL	JT NOT RELATED TO	O THE TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART	1(a) 19. W.	AS AUTOPSY RFORMED?
3	ancient	me	durdon	un					YES	
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESCI	RIBE HOW INJURY OCCURR		of injury in P	ort I or Part II of	item 18.)			
3 20c. TIME OF INJURY	Month, Day, Ye	ar 20d, IN.	JURY OCCURRED 20e. F	PLACE OF INJURY	Home, farm,	20f. (City or to	ıwn)	(Co	aunty)	(State)
Haur a.m. p.m.	19	While	Not while f	octory, street, offic	e bldg., etc.)					
21. I certify that	(I) (this haspita	l) attende	ed the deceased from		12_	, .to		, 19	_, that (	) (we) last
saw the decease	ed alive an		19 , and that	death accurre	d at	M, fram the	causes and	d an the	date sta	led abave.
220. SIGNATURE		- 4				-				22b. DATE
		PU	2	M.D. PHYS.		D. ST	AFF IYS.			SIGNED
22c. PHYSICIAN'S NAME (Type)		11		22d. ADDR	ESS					
NAME (Type)	P. J. Be	an M.	D.		Gr	eat Mil	ls. Mar	ryland		
230. BURIAL, CREMATION			23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATION				State)
REMOVAL (Specify) Burial	12/17/60		Holy Face		*	Great 1			Md.	
24. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	74-49		BY REGISTRAR		TRAR'S SIG		
W. Clarke Ma	ttingley L	eonar	dtown. Maryls	ind	DATE DE	C 1 9 '60	a	Chun S.	Krana	

The state of the second st \*D, 3 tel bulled desirable at telepholical beaution

# FOR STATE HEALTH DEPT.

ay is necessary, al director. Page of for your files.

Board of Health, MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any te the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the if forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Is ated agent, prior to burial, cremation, or removal, and in any event within 72 Trous after death. ute the certificate, writing the word "pending" s forwarded to the Chief Medical Examiner's AL DIRECTOR: Page 3 should be used as a designated FUNERAL should be please e DEP 40 6 0 VS. A15ME

5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Marys Marys MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearast town) Great Mills Great Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rural YES NOTE Rural 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 1960 ROBERT December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours WIDOWED DIVORCED male May 9 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) Electronic technician Wisconsin USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ada Story Harry C. Kuesel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 414 Kingston Dr. (Yes, no, or unkown) | (If yes give war or dates of service) Donald C. Kuesel-Yes Hattenfield MERN CHIWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pistol shot wound left chest immed IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, ferm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While 3719 60 Gneat St. at work at work private Mills. Marvs. home 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | XI. Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide 7 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Great Mills town, or county) P.J. Bean. MD NAME (Typa) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Forest Milwaukee, Wisconsin
248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE ransportation Home Cem. 23. FUNERAL BURECTOR

binson - Leonardtown, Md.

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DATE

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### MARYLAND STATE DEPARTMENT OF HEALTH

4 10 10

14374 CERTIFICATE OF DEATH

-					TT								75
	COUNTY SI	MARYS		MARYLAN	-	o. STATE MA	NCE (Where	deceased ND	d lived. If institution b. COUNTY	ST.	MAF	e delimini RYS	ion)
	CLEWI	outside corporate limi prest town) ENTS	ts, write	c. LENGTH OF STAY IN	1b	1	WN (If outs LEMEN		rote limits, write R	URAL ond	give neo	rest tawn	)
	OR INSTITUTION	RURAL	ive street	address)		d. STREET ADD	RURAL						IDENCE FARM?
1	NAME OF DECEASED Type or print)	MARGARE		Middle TRENE		LYON	4	OF DEATH	DECEMB]		Do	,	Year 1960
5. 5		6. COLOR OR RACE WHITE	_	RIED NEVER MARRIED	□ B.	DATE OF BIRTH	/ 18	394	9. AGE (In years lost birthday)	IF UNDER Manths	1 YEAR Days		
10a	during most of work	N (Give kind of wark in a life, even if retired JSEW IFE	dane 10b.	KIND OF BUSINESS OR IT	NDUSTR		E (Stote or		ountry)	12. CITI	ZENOF		OUNTRY
13.	FATHER'S NAME	JKE W. OL	IVER			14. MOTHER'S M			FIELD				
		IN U. S. ARMED FOR f yes, give war or dates of s		SOCIAL SECURITY NO.	17. INFO	RMANT EXANDER	RJ.	LYO	N - CLE	ENTS	5, N	Id.	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y, which nmediate  DUS TO	)	ne for (c), (b), ond (c).] Corona Arteri	ry	Thro- clero7	mba	ris Ci	disia	10	ONS	20/	DEATH
IFICATION	PART II. OTH	er significant con	DITIONS (	CONTRIBUTING TO DEATH	Ve Ve	T RELATED TO TO	HETERMINA		E CONDITION GIV	'EN IN PAR	T 1(a) 1	9. WAS / PERFO YES [	RMED?
CERT	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	URRED.	Enter nature of i	njury in Par	rt 1 or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED Nat while at work	e. PLACI foctor	OF INJURY (Hay, street, office b	ime, farm, oldg., etc.)	20f. (Cit)	or town)	(6	County)		(State
	21. I certify that saw the deceas 220. SIGNATURE 22c. PHYSICTAN'S NAME (Type)	oy Ju	John	ded the deceased from the dece	//	ATTENDING.	MED. MED. DIRECT	CTOR 🗆	the causes and STAFF PHYS.   CSVILLE	d an the	e date	stated 22b	SIGNED
	BURIAL CREMATION REMOVAL (Specify) BURIAL SPECIFY FUNERAL PRESTORM	12/9/6 signature	0	23c. NAME OF CEMETER CHRIST EP ADDRESS NARDTOWN,	PISC	OPAL CI	EM. 23 250. REC'D I	CH.		or county)  Md.  STRAR'S SIG			e)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	
may be re d by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director,	1
page 3 should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, grid in any event, within 72 hours after death.	9

VR A15 (4) 1SM 9/59 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	MARYLAND	o. STATE	ere deceased lived. If institution b. COUNTY	
b. CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY IN 1b		Maryland St. Mary's  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
RURAL and give nearest tawn)  Leonardtown	8 days	Lexington	Park	
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION		d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?		
St. Mary's Hospital		12 Lei Drive		
3. NAME OF DECRASED (Type or print) Leonard Theodore		Last	4. DATE Mon	th Day Year
		Oliver	December December	
	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Manths Days Haurs Min.
	VIDOWED DIVORCED	April 15,192		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Postmaster  U.S. Government		itry 11. Birthplace (State or foreign country) 12. CITIZEN OF WHAT COUNTRY  Maryland U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
William T. Oliver		Margaret Thompson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI		FORMANT Address		
Yes WW 11		ivian C. Olive	r 12 Lei Driv	e Lexington Pk.M
PART I. DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line far (a), (b), ond (c).] General	lyed metas	ten fion	INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.	ret 1	Luttock		1
	TIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in	Part I ar Part II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  20c. TIME OF INJURY (Hame, farm, factory, street, office bldg., etc.)  20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)				
21. I certify that (I) (this hospital)	attended the deceosed from	Dec 13 19	60, to Dec 20	)_, 1962, that (1) (we) las
sow the deceased alive on	Lec/9 1960, and that	deoth accurred a	M, from the causes an	d on the date stated obove
220. SIGNATURE	westher	M.D. ATTENDING M	ED. STAFF RECTOR PHYS.	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) J. Roy Gr	uyther M.D.	22d. ADDRESS Mec	hanicsville, M	id.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		OR CREMATORY	23d. LOCATION (City, tawn, o	ar caunty) (State)
REMOVAL (Specify) 12/23/60	Arlington Na	ational	Arlington,	Va.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC*	D BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
W.CLARKE MATTINGLEY L	eonardtown, Maryl	and DATE	C27'60 a	Thug & Kroup

BIGGO ID BLAZ IL FIO THE PARTY OF SHAPE SHAPE SHAPE OF SHAPE SH the second secon in the state of th AND ADDRESS OF THE PARTY OF THE

24. FUNERAL DIRECTOR'S SIGNATURE

W.Clarke Mattingley Leonardtown, Maryland

VR A15 (4)

1SM 9/S9

e. IS RESIDENCE

Day

29

Days

(County)

Marvland

256 REGISTRAR'S SIGNATURE

arthur S. Thous

2Sq. REC'D BY REGISTRAR

DATAN

1960 that (1) (we) lost

Months

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

22b. DATE SIGNED

(State)

(State)

ON A FARM?

YES NO

Yeor

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